



**newSpecial**

MAGAZINE  
**Kit Média 2026**



## NEWSPECIAL

Héritier d'une tradition de sept décennies, NewSpecial s'inscrit comme la passerelle d'information des forces vives des Organisations Internationales basées à Genève et relaie son intelligence collective.

6 fois par an, cette édition révèle les histoires inspirantes, les solutions innovantes et les idées brillantes des visionnaires, des humanitaires et de tous ceux qui agissent pour surmonter les défis pressants de notre monde.

Avec NewSpecial, accédez à l'essence même de la coopération internationale et à ses communautés de lecteurs mobilisés et engagés.

# 6

NUMÉROS  
PAR AN

# 44 à 56

PAGES

# 2000

TIRAGES

# 21 x 29,7

FORMAT  
EN CM

## RUBRIQUES

- À la une
- Genève international
- WHO
- Art & Culture

## DISTRIBUTION

- ONU et ses agences affiliés et missions diplomatiques
  - OMS et UNAIDS
- ainsi que :
- UIT Union internationale des télécommunications
  - CERN Organisation européenne pour la recherche nucléaire
  - OMPI Organisation mondiale de la propriété intellectuelle
  - OMM Organisation météorologique mondiale

KIT MEDIA 2026

## DONNÉES TECHNIQUES

**Type de fichier:**

PDF X-4:2010  
avec traits de coupe  
et 5 mm de débord

**Profil:**

PSO Coated V3

**Résolution:**

300 dpi minimum

KIT MEDIA 2026

## PARUTIONS 2026

- **Avril 2026**  
Semaine 15
- **Mai 2026**  
Semaine 20
- **Juin 2026**  
Semaine 24
- **Octobre 2026**  
Semaine 42
- **Novembre 2026**  
Semaine 46
- **Décembre 2026**  
Semaine 51

## TARIFS

<b>1 page</b>	2500.-
<b>1/2 page</b>	1500.-
<b>1/4 page</b>	1000.-
<b>2<sup>e</sup> de couverture</b>	3000.-
<b>Face sommaire</b>	2750.-
<b>4<sup>e</sup> de couverture</b>	3500.-
<b>Double d'entrée</b>	5000.-

# Contact

## BUXUMLUNIC

Rue du Bois-Melly 2  
1205 Genève  
+41 22 960 97 50  
buxumlunic.ch

**Personne de contact:**  
Lise Andrey  
Account Manager  
+41 22 718 01 53  
l.andrey@buxumlunic.ch

## Modern Psychiatry and Depression

MIND THE GAP

As one year closes and another begins, the quiet space between them can magnify both hope and heaviness, making it a particularly resonant time to consider how we experience and understand our feelings, including depression. Here Sebastian looks at the facts of how the prevalence and treatment of depression has changed over the years and asks whether we've become too focused on medical solutions and quick fixes rather than on alleviating the more difficult social and economic causes and on ways to promote happiness.

It's easy to come up with a list of possible causes for our mental state: genetic factors, biological differences, brain chemistry, hormonal changes, stress, medical conditions, abuse and trauma, and isolation and loneliness. But this is only part of the story. For many people, factors like financial stress, family strain, loneliness, and loss of purpose are equally to blame.

The truth is, it's natural to feel depressed from time to time. Whenever I find myself down, I often think back to a scene in Alexander McCall Smith's *The No. 1 Ladies' Detective Agency*, where Mr. J.L.B. Matekoni says that he is feeling "depressed". This phrasing has always put a smile on my face. When I feel low, I'll tell myself: "I'm feeling depressed" – as if naming it this way reminds me it's something abstract and temporary. It helps me step back from rigid clinical labels and reflect on my own feelings as experiences passing through me, rather than fixed conditions that define me. And I also try to apply Bob Marley's advice to "live up yourself" – do things I enjoy such as play some tennis or go for a walk, or treat myself with a glass of wine.

Over the past 70 years, the landscape of mental health treatment has changed dramatically. In the 1950s, mental health care in the United Kingdom and the United States centred on psychiatric hospitals – the dreaded asylums. At its peak, such institutions in England's population lived in common and often harsh and there was little public discussion about mental health.

From the late 1960s, psychotherapy expanded, and discussion of mental health became more open. The conversation about the rights and individuality of mental health patients was stirred by such unconventional psychiatrists as R.D. Laing. New psychiatric medications transformed care. Antidepressants became widespread, with long-term hospitalisation replaced by community services. By 2018, around 2.7 million people in England, roughly 4 percent of the population, were using National Health Service mental health services, and fewer than 0.1 percent were hospitalised.

Here I will review some data to try and understand how depression has changed over the years.

### PREVALENCE OF DEPRESSION

In the UK, the first National Household Psychiatric Morbidity Survey was conducted in 1993. It found that 2.1% of adults aged 16–64 in Great Britain had a depressive episode in the past week; women had higher rates than men, 3.5% vs. 1.0% and around 11.3% had some kind of neurotic disorder (including depression and anxiety). By 2011, the survey found levels had risen to 2.8% and 17.9%. Young women (ages 16–24) showed the sharpest increase: 26% had a common mental disorder in 2014, up from 19% in 1993. Meanwhile, the share of people in the United States reporting a lifetime diagnosis of depression was down 10 percent in 2018 to 29 percent in 2003.

### ANTI-DEPRESSANT PRESCRIPTIONS

Between 1975 and 1998, antidepressant prescribing more than doubled in England, with GPs issuing about 23.4 million prescriptions in 1998. By 2023/24, this had exploded to about 86 million prescriptions. In the US, in the period 1992–2002, about 77% of Americans aged 15 or older reported taking an antidepressant in the past month. By 2011–2014, this had risen to 13.7%. Antidepressant sales total billions of dollars every year. The demand is clear, and there may be short-term benefits, but 15 percent of patients experience withdrawal when they stop, and people can be left feeling worse than before treatment.



PHOTO: SHUTTERSTOCK/PHILIPPA

PHOTO: SHUTTERSTOCK/PHILIPPA

### HAPPINESS SURVEYS

In the 1970s, Bhutan introduced a happiness framework called Gross National Happiness (GNH) – sometimes called Gross Domestic Happiness – using 88 indicators to measure and guide development. This inspired the World Happiness Report in 2006, which uses the "Cantril ladder" question: "Please imagine a ladder with steps numbered from 0 to 10. The top of the ladder represents the best possible life for you, and the bottom represents the worst possible life for you. On which step of the ladder would you say you personally feel you stand at this time?"

Globally, happiness has averaged between only 5 and 6 and this has not changed over the past 30 years. Rates clearly vary a very large way. Rates in the Middle East and Africa are generally low. The rates in some countries (especially in Eastern Europe and parts of Latin America) have improved as their economies and institutions strengthened. Others (including the US, UK, and some Western European countries) have plateaued or declined slightly. Nordic countries (Denmark, Finland, Iceland) consistently top the rankings with scores of around 7.5–7.8, showing stable or improving trends.

### SUICIDE MORTALITY RATES

Although suicide rates are not a reliable proxy for the prevalence of depression, depression remains one of the strongest individual risk factors for suicide. Between the year 2000 and 2021, the suicide rate globally has declined from around 13 per 100,000 to around 9 per 100,000. The rate is much higher for males: 12.8 vs. 5.9 per 100,000 for females. In the United Kingdom, the suicide rate fell from 14 per 100,000 in 1990 to 11.7 in 1990 and remains around 11.4 today.

The reasons vary considerably by country, with some common themes. For example, the territory of Greenland has a rate of 71.3 per 100,000 – an extremely high rate. Young males aged 15–24 in remote areas of Greenland are particularly prone to suicide. In Uruguay, the elderly show high suicide rates, which is attributed to loneliness. In the Republic of Korea, a country with one of the highest suicide rates among developed countries, this is blamed on stress among younger people and older adults struggling on a basic pension. In East Timor and Laos, where they have some of the highest suicide rates in the world (with South Africa not far behind), the reasons include poverty, geographic remoteness, substance misuse, and